IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF SOUTH CAROLINA

Brandon Rashad Marshall)
[Enter the full name of the plaintiff in this action]) Civil Action No.
	(to be assigned by Clerk)
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Charleston County Detention) COMPLAINT
Center) Federal Prisoner
))
R'Carolina Center for))
Occupational health)
Enter above the full name(s) of defendant(s) in this action	,
I. PREVIOUS LAWSUITS	
A. Have you begun other lawsuits in state or federal court dealing w	rith the same facts involved in this action or otherwise
related to your imprisonment? Yes NoNo	-
B. If your answer to A is Yes, describe the lawsuit in the space below additional lawsuits on another piece of paper using the same outlined.	
	inc.
1. Parties to this previous lawsuit:	
Plaintiff:	
Defendant(s):	
2. Court:	
2. Court:(If federal court, name the district; if state of	court, name the county)
3. Docket Number:	
4. Name(s) of Judge(s) to whom case was assigned:	
5. Disposition:	
(For example, was the case dismissed? Ap,	pealed? Pending?)
6. Approximate date of filing lawsuit:	
7. Approximate date of disposition:	

П.	PL	ACE OF PRESENT CONFINEMENT			
	A.	Name of Prison/Jail/Institution: Charleston County Detertion Center			
	B.	What are the issues that you are attempting to litigate in the above-captioned case?			
		Medical Bills and Pain and Suffering			
	C.	(1) Is there a prisoner grievance procedure in this institution? Yes No			
		(2) Did you file a grievance concerning the claims you are raising in this matter? Yes No			
		When Grievance Number (if available)			
	D.	Have you received a final agency/departmental/institutional answer or determination concerning this matter (i.e., your grievance)? Yes No			
	E.	When was the final agency/departmental/institutional answer or determination received by you? Jon 1, 2016			
		If possible, please attach a copy of your grievance and a copy of the highest level decision concerning your grievance that you have received.			
	F.	If there is no prison grievance procedures in this institution, did you complain to prison, jail, or institutional authorities? Yes No			
	G.	If your answer is YES:			
		1. What steps did you take?			
		2. What was the result?			
Ш.	PA	RTIES			
		Item A below, place your name, inmate number, and address in the space provided. Do the same for additional intiffs, if any.			
	A.	Name of Plaintiff; Brandon Rashad Marshall Inmate No.: 1492345			
		Address: 3841 Leeds Ave. Wchas, Sc 29405			
		In Item B below, place the full name of the defendant, his official position, and place of employment in the space provided. Use Item C for additional defendants, if any.			
	B.	Name of Defendant: Position:			
		Place of Employment:			
	C.	Additional Defendants (provide the same information for each defendant as listed in Item B above):			
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State here, as briefly as possible, the <u>facts</u> of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach an extra sheet if necessary.

On or immediate date of 10-9-14 Plantiff Was assaulted by another inmate(Name of Inmate unknown Prior to assault Plantiff (Brandon R. Marshall) requested several times to be moved for safety reasons and threats conveyed to Plantiff. Charleston County Detention (enter deny Plantiff asked to be moved. CCDC refused to move Plantiff and Plantiff was assaulted in the face and sustained Permanent vision lose and broken orbital floor socket. CCDC afficers further erred by refusing to provide medical aids for days after the assault. Charleston County Detention Center is liable by law and responsible for the medical needs and safety of all immates housed at the facility. CCDC also Violated by refusing to or prolonging to provide medical care for Asthma Attack Plantiff had in August 2014.

Garolina Center for Occupational health violated by refusing to respond to officers requesting medical help when Plantiff Sustained an Asthma Attack during August 2014. Carolina Center for Occupational health (CCOH) didn't respond or arrive on Scene for several hours by then Brandon R. Marshall

IV. STATEMENT OF CLAIM - continued.
could have perished from effects of the
Asthma Attack. CCOH Further exerced in treatment
of facial Assault. In the following months after
Plantiff was assaulted , he became idigant and
CcoH prolonged, delayed, and simply denied and
refused to schedule medical care for Brandon
Marshall because he could no longer pay his
own Co-pays. As a result Brandon Marshall's
vision and pain has worsened.
In closing CCDC and CCOH have violated
by not providing safety and agnoring the medical needs of it's inmote. Plantiff is requesting that
needs of it's inmote. Plantiff is requesting that
all medical costs and follow-up care to paid by
CCDC and Pain and suffering damages Paid by
coll and Pain and suffering damages Paid by both defendants for abuse of power and inhuman
treatment or therefore lack of treatment.
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V. RELIEF.

State briefly and exactly what you want the court to do for you.
In brief Plantiff is seeking Actual damages
of approximately \$37,000 for medical bills, \$5,000
for follow up care, And and all court costs and
Fees, and \$50,000 in Punitive damages. Plantiff
Further request that both defendants be sanctioned
by the Courts for negligence.
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I declare under penalty of perjury that the foregoing is true and correct.
Signed this 26th day of February 2016.
131 mdon Masshell Signature of Plaintiff

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harleston county Detention Center USDO CLERKED USDO CLERKED	
Carolina Carolina Para Bassi Catalon Florida III	
2016 HAR -7 PH 12: 35	
Plantiff is currently housed out Charleston County	
Bettention Center, Brandon Marshall Will not be able to	
server neither of 1 defendants and requests that	
the court provide the means to serve both defenda	 rant
I am also not able to generate or provide copies.	
Contact for Plantiff:	
Name: Brandon Rashad Marshall #1492345 Address: 3841 Leeds Ave. N.Chab, SC 29405	
Included: Complaint Pack, Financial Status Porms. Provio by Sacility, and Service forms.	led
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